

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO.

01770681

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	10	←	↓	←	↓	←
TOTAL CLAIMS	12	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
	IND.			IND.			IND.		
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100									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS